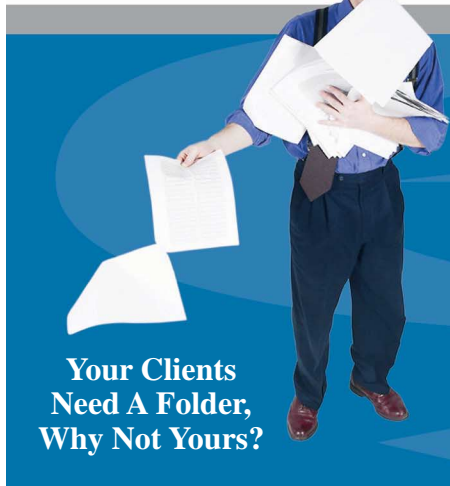




**INSURANCE
REFERRALS**

888-698-8780
info@bodyshopfolders.com
www.bodyshopfolders.com



AFFORDABLE PERSONALIZED BODY SHOP FOLDERS

**Your Clients
Need A Folder,
Why Not Yours?**



PRICES:

Full Color Estimate/Warranty Folders
(Minimum order 250)

250 folders.....\$295

500 folders.....\$495

Additional folders available in blocks of 250 or 500

FULL COLOR QUALITY WITH QUANTITY AND PRICE TO FIT YOUR NEEDS.

TERMS:

Insurance Referrals will create a customized folder for customer based on predesigned templates. We will insert your logo, information, and vehicle choices into the template. Template designs can be previewed at www.bodyshopfolders.com. We reserve the right to limit the amount of time spent on customization. Customer will be provided a final proof before printing. Once customer has signed approval of proof, any changes requiring reprints will be charged normal rates. Please allow ten business days for delivery from date of final approval.

Please provide your folder information and logo if applicable by mail or by web form at www.bodyshopfolders.com. Payment must be made by mail, or fax if paying by credit card, using the order form below. **Fax#: (253) 445-5996**

SEE PRICES ABOVE

ORDER FORM

Please send me _____ folders. Template# (from our website) _____

Total price of folders:.....\$ _____

Shipping:.....**FREE!**

Washington State residents add 8.9% sales tax.....\$ _____

Total price.....\$ _____

Please provide the information for your Estimate/Warranty Folder

You may also give us this info by filling out our web form on www.bodyshopfolders.com. Fields with a * are required.

Body Shop Name* _____

Phone Number*(_____) _____

Fax Number (_____) _____

Website _____

Specialty Logo(s) Needed (Such as ASE, II-CAR or
Ford Blue Oval Certified) _____

Any Promotional Text You'd Like (Such as "We
Repair All Makes and Models") _____

Vehicles You'd Like Featured _____

CUSTOMERS AUTHORIZED APPROVAL: The customer will be provided a proof prior to printing. The proof will be sent to the Fax # or Email address below. Customer acknowledges upon signing of this contract that he/she had not relied upon promises, statements, or representations other than as contained herein, and has the actual authority to enter into this contract. A \$25.00 service charge will be assessed for any check that is returned unpaid.

Please send proof to: Fax# (_____) _____ Email _____

Authorized By _____ Date _____

Print Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

VISA / MC # _____ Exp. date _____

Make checks payable to INSURANCE REFERRALS Check# _____



**6004 78TH ST. CT. EAST
PUYALLUP, WA 98371**